

Minutes ratified 26 March 2025

**Minutes of the meeting of the  
ICB Public Involvement and Engagement Advisory Committee (PIEAC)  
held on Wednesday, 18 December 2024 at 10:00am to 12:30pm in the Lancashire and South Cumbria  
Integrated Care Board (LSCICB) Offices, Lune Meeting Room 1,  
County Hall, Preston**

Position on Committee	Name	Title/Role
<b>Members</b>	Debbie Corcoran	Non-Executive Member of the ICB (Committee Chair)
	Sarah O'Brian	Chief Nurse
	Roy Fisher	Non-Executive Member of the ICB
	Neil Greaves	Director of Communications and Engagement
	Tricia Whiteside	Non-Executive Director, Lancashire Teaching Hospitals NHS Foundation Trust
<b>Participants</b>	David Brewin	Head of Patient Experience
	Andrew Bennett	Director of Population Health
	David Rogers	Head of Communication and Engagement (Insight)
	Jonathan Bridge	Head of Population Health Central and West
	Lindsay Graham	Advocacy and Engagement Director Healthwatch
	Ann Christopher	Citizens Health Reference Group Representative
	Howard Ballard	Citizens Health Reference Group Representative
	Sarah Mattocks	Head of Governance
	Laura Harvie	Senior Communications and Engagement Manager
	Louise Barker	Communications Workstream Project Manager, New Hospitals Programme – Lancashire Teaching Hospitals Trust
	Naz Zaman	Chief Officer – Inclusive North
	Karen Tordoff (Deputy for Pauline Wigglesworth)	Place Development and Delivery Lead - Blackpool
<b>Attendees:</b>	Becki Stafford	All Age Continuing Care Experience and Complaints Lead
	Becky Seddon	Head of Quality LSCICB
	Lisa Ward	NWAS
	Louise Coulson (minutes)	Committee and Governance Officer

No	Item	Action
30 24/25	<p><b>Welcome, Introductions and Chairs Remarks</b></p> <p>The Chair opened the meeting and welcomed everybody, extending introductions to Becki Stafford and Becky Seddon from the All age continuing care team joining us today to observe PIEAC.</p> <p>Louise Barker from the New Hospitals programme to observe the meeting for the links with items 5 and 7e.</p>	
31 24/25	<p><b>Apologies for Absence/ Quoracy of the meeting</b></p> <p>Apologies had been received from Steph Cordon and Tracey Ingham (Westmorland and Furness Council), Victoria Ellarby, Heather Woodhouse, Lindsey Dickinson, Jessica Partington, Pauline Wigglesworth. Laura Harvie is attending as a deputy for Amanda Bate.</p> <p>The meeting was not quorate. There were last minute apologies from place representatives, only one in attendance.</p>	
32 24/25	<p><b>Declarations of Interest</b></p> <p>(a) Public Involvement and Engagement Advisory Committee Register of Interests – Noted.</p> <p><b>RESOLVED: Declarations were raised by Naz Zaman, Inclusive North, and Lindsay Graham, Healthwatch, in relation to commissioned work for New Hospitals Programme which is relevant to item 7e. There were no further declarations of interest relating to items on the agenda. Members were asked that if at any point during the meeting a conflict arose, to declare at that time.</b></p>	
33 24/25	<p><b>(a) Minutes from the previous meeting held on 25 September 2024 and Matters Arising</b></p> <p><b>RESOLVED: The minutes of the meeting held on 25 September 2024 were approved as a correct record.</b></p> <p><b>(b) Action Log</b></p> <p>Ref/3 - <b>Metrics for the committee effectiveness review</b> - Agree and confirm plans for the PIEAC committee effectiveness review.</p> <p><b>Update:</b> – a review of ICB committee structure and delegation is underway which needs to be concluded prior to any committee review therefore this remains in progress.</p> <p><u>Actions for PIEAC from ICB Board or other committees</u></p> <p>Nil.</p>	
34 24/25	<p><b>Your health. Your future. Your say. engagement programme and insights.</b></p> <p>N Greaves introduced the report highlighting the basis to support an honest and open dialogue with members of the public, a Your health. Your future. Your Say. programme of public engagement took place to share the challenges faced by health and care services, opportunities for improvement and to listen to views of local people about what is important to them.</p>	

The aim of the engagement programme was to have honest discussions and gather feedback on the key principles of the system recovery and transformation programme and responses to challenges in our place-based partnership areas. Feedback and insights will be used to influence and help inform early-stage decision-making for the key ICB programmes. It will build on engagement which has taken place over the previous 12 months and help lay the foundations for further in-depth discussions with local communities, which will be needed over the next five years as we look to transform health and care services to be fit for the future.

Laure Harvie summarised key messages from the report, including that more than 1,800 responses were received through a series of public engagement events, reaching into targeted community groups and networks and surveys. The report presents the findings including key themes from a system and place perspective and recommendations for the ICB going forward in relation to transformation.

A report from the insights from the engagement programme have been published: [https://www.healthierlsc.co.uk/application/files/9017/3350/0486/Your\\_health\\_your\\_future\\_your\\_say\\_roadshows\\_listening\\_report\\_V1.pdf](https://www.healthierlsc.co.uk/application/files/9017/3350/0486/Your_health_your_future_your_say_roadshows_listening_report_V1.pdf)

L Harvie added that the events both in person, virtually had been well attended by the public with around 250 people in attendance in total, including those attending additional engagement activities with community groups. Understanding 'what does a community centered approach?' mean to the public being a cornerstone of the debate and dialogue.

D Corcoran thanked N Greaves and L Harvie for the update and opened the floor to questions.

S O'Brien highlighted the discussion held at the previous ICB Board regarding access to digital services and suggested the ICB is connecting this to and with the public. - i.e. we need greater clarity on the strategy around patient access to services, particularly in relation to digital provision. A Bennett responded that there is a strategy for digital and data within the ICB but this is peripheral and suggested this requires greater involvement from and with the ICB digital team.

T Whiteside complimented the team on a comprehensive piece of work and asked how the combination of the 6 recommendations related to service proposition, how we engage and are the ICB's principles strong enough in how we make decisions and plan provision. D Corcoran added how this insight is also relevant for Provider Trusts and recommended this is shared with providers. N Greaves replied that the engagement work which was undertaken was joined up with place-based partnerships and activities in places which is underway on a regular basis however, it is important that we use this insight to demonstrate how it will influence the ICB commissioning intentions and what are we doing as an organisation to act on feedback to the public. N Greaves added that helpful views were shared by the public in relation to the position on finances and greater clarity on service change and reconfiguration and impact on services will help public perceptions be more realistically managed. Clear messaging across the system and organisation requires clarity which will prove difficult as planning for the next 4-5 years is not clearly joined-up at this stage as this is currently being worked on.

D Brewin added that navigation was difficult around currently complicated services and people do not know where to go and are waiting for alternatives. In some cases, feedback in relation to this issue is often reported through patient complaints. L Harvie

<p>noted the terminology caused confusion for patients specifically around emergency care and suggested a 'one stop shop' approach to address this.</p> <p>D Corcoran enquired as to how the strategic transformation will address this and requested this is stated in the next commissioning intentions update.</p> <p>D Corcoran noted the assurance for the ICB Board to be captured on the escalation report and suggested that the ICB Board need to be more sighted on the 'so what?' element in relation to engagement and requested that progress be demonstrated. L Graham added that the communications need to be addressed to the public in language they understand.</p> <p>N Greaves replied there is a consistent summary of themes over the past 18 months from the ICBs engagement, involvement and complaints channels however, consistent views can mean different things. We need to talk with people in a way that makes sense to them. For example, in relation to health inequalities there needs to be public education around this topic. A Bennett reiterated that people do not know where to go, there are not many provider colleagues sat around the table today so how can we do this. We could look to produce information to present in public forums but we do require a service point-of-view to make sure this represents activity and experiences from our residents and patients.</p> <p>H Ballard added that there has been an increase in DNA (did not attend) appointments and this needs to be addressed. The cancer pathways waiting times are increasing. A Christopher added how is the narrative being controlled in relation to patient groups, what does the ICB mean to a patient, to be candid, nothing. People at a grass roots level do not understand this. As a Place there needs to be more contact with GP practices.</p> <p>N Zaman added what people want is action; appointments are difficult to secure, registrations at new practices takes a long time to be acknowledged, there is a need to be able to pick this up as a plan.</p> <p>N Greaves highlighted the contents of the report have deliberately captured these honest reflections and questions and the overarching message is rather stark. An audit was conducted around the work we do as an organisation in relation to engagement and involvement in 2023 and reported to this committee that we need to be better at demonstrating the impact of the engagement. There is an opportunity to do this through the commissioning intentions.</p> <p><b>ACTION:</b> N Greaves and S O'Brien to review the commissioning intentions to ensure they are influenced by public voice.</p> <p>N Zaman asked if a deep dive could be provided by some provider organisations could we select a few GP practices as part of a pilot to capture this.</p> <p>D Corcoran thanked the committee for the comments and summed up stating the report was a rich and provided good detail but enquired how the 'so what?' element could be captured across the organisation. Data and digital areas require further assurance. Primary Care access to services were also an area where further assurance is required. How does the committee feed up to the ICB Board the required awareness for the topics and issues raised with a clear view of patients' experience. Place based teams are heavily involved but the provider organisations are missing and they need to respond as well. T Whiteside stated the networks are in place for providers but we do need to move away from siloed pillars of care. We need to support and facilitate a coordinated response.</p>	<p><b>NG/SOB</b></p>
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	<p><b>RESOLVED: That the Public Involvement and Engagement Advisory Committee:</b></p> <ul style="list-style-type: none"> <li>• advises the committee of the insights and public perceptions captured from the public engagement programme</li> <li>• assures the committee of the approach undertaken to listen, engage and capture views of local people across Lancashire and South Cumbria.</li> </ul>	
35 24/25	<p><b>Engagement in priority wards – population health improvement</b></p> <p>J Bridge introduced the report stating this provides the committee with an update on work undertaken through the ICB's Population Health team to engage with and involve communities and individuals across Lancashire and South Cumbria.</p> <p>Work through the priority wards programme and embedding a health inclusion approach across PCNs has involved significant amounts of participation and engagement and helped the ICB, as well as wider partners, to gather a deeper understanding of inequalities in some of our most disadvantaged communities.</p> <p>Through working with trusted partners in the VCFSE and community leaders, place-based population health teams have been able to hear from local people about the issues affecting them, barriers to accessing services and their experiences of care. This coupled with the range of data we hold on health inequalities and service activity has enabled places, through the Health and Wellbeing Partnerships, to develop action plans to address what has been found.</p> <p>Work is ongoing to spread the learning from these approaches and encourage wider ICB teams to recognise the importance and value of involving individuals and communities at the earliest possible stage.</p> <p>D Corcoran thanked J Bridge and A Bennett for the report and opened the floor to questions.</p> <p>J Bridge highlighted wider issues were considered from a community perspective. The local hubs provided support around issues such as housing, benefits etc. For example, the Ryelands area of Lancaster looked at transportation (how patients may attend appointments) how priority wards could take a different approach to serve their communities. Work with vulnerable residents as risk of self-harm and poor mental health are just a few examples of how engagement is addressing and supporting patients in these priority wards. The inclusion of our partners in the VCFSE (Voluntary Charity Faith and Social Enterprise) and local authorities ensuring cohesive partnership working is developing well.</p> <p>N Greaves praised the work which has taken place and reminded the committee of the link between the agreed principles of working in partnership with people and communities and the population health engagement activity which are fully aligned and also supported by members of the communications and engagement team.</p> <p>T Whiteside complemented J Bridge and A Bennett on a great piece of work. Highlighting what has made a difference and the engagement with people in these priority wards. Could this be cross referenced with what works well in exemplar wards.</p> <p>J Bridge responded that the difficulty here is that the places can be unique to these areas and exemplar wards may not be aware of or have the same issues and/or socio-economic standing. There is an integrated approach in these priority wards and Healthwatch also serve as a conduit to support and advance learning for partnership working.</p>	

	<p>D Corcoran asked if a more systematic approach could be applied i.e., Pharmacy First in South Cumbria and the work with local schools. N Greaves responded the work at place level and with population health teams is very much about building relationships locally and local engagement and sometimes the local issues mean systematic messaging is difficult so the aim is to have consistent principles supported by local engagement.</p> <p>R Fisher commented that this is a great piece of work and noted that such good work should not be contained by boundaries of the designated area. There is much to address where there is dysfunction in families, poor health, unemployment, housing and other socio-economic factors which affect health and wellbeing. In Blackpool there are high levels of transience and this does affect priority wards and we should not be constrained to these areas</p> <p>J Bridge highlighted that engagement with wider communities has taken place where there are clear health inequalities and not just in priority wards.</p> <p>S O'Brien highlighted the engagement work carried out in tandem with the ICB partners.</p> <p>D Corcoran requested the escalation report reflects the focus on the multiagency approach and place-based working on population health improvement to offer assurance to the ICB Board.</p> <p><b>RESOLVED: That the Public Involvement and Engagement Advisory Committee:</b> Ask the committee is asked to note the contents of this paper and supplementary presentation during the agenda of the meeting.</p>	
36 24/25	<p><b>Standing Assurance and Insight Reports:</b> <b>a) Public Engagement and Involvement Assurance Report: Sept 2024 to Nov 2024</b></p> <p>D Rodgers introduced the report noting this provides members with a summary of activities related to engagement, involvement and coproduction undertaken by the ICB between 1 September and 30 November 2024.</p> <p>The report seeks to provide assurance to the committee and the ICB Board for the delivery against the strategy for working in partnership with people and communities across the ICB and embedding the principles of public involvement and engagement, demonstrating how the voice of our communities is central to decision-making and service delivery.</p> <p>The report also summarises engagement, involvement and co-production activity supporting priority system transformation programmes and other ICB programmes of work and a summary of activity to support partnership working in place.</p> <p>The report includes updates on our key mechanisms for engaging with our communities, a summary of how we have engaged within each of our places during the last quarter and an overview of the system-wide engagement activities we have undertaken, including 'Your health. Your future. Your say.', Shaping Care Together and Pharmacy First.</p> <p>D Corcoran opened the floor to comments and questions asking how the women's health hub sits with the women's health strategy (WHS).</p> <p>S O'Brien stated that the women's health strategy was behind on its agenda. The WHS was launched in 2022 and LSC (Lancashire and South Cumbria) were behind on the work required for the maternity plan. GP's have been very proactive. The</p>	

	<p>expectation being the national guidance for women's health hubs will be implemented by December 2024. There does need to be more access to pathways across the system. Despite the financial challenge lots of engagement work has been undertaken, in conjunction with population health, looking at a holistic offer for women however, we are behind as a system on this approach.</p> <p>N Greaves added that communication and engagement colleagues were working with Sarah's team with the inclusion of Healthwatch working across women's health, with support from the voluntary sector. The detail is still be worked through but this is underway.</p> <p>L Graham added that Healthwatch had received feedback from 4500 women and this was due to be published in 2025.</p> <p>L Harvie added that the citizen's health reference group have expressed an interest to work with GP's in relation to women's health.</p> <p>T Whiteside enquired as to how the ICB plan to build on the 1500 members of the citizens health panel and if more community members are anticipated to join. N Greaves responded that currently around 60 plus members join approximately each month and there is an end-year target of 2,000 by the end of March 2025. There is a need to communicate this further to encourage more residents to register. There will be a big push in February and March 2025 relating to the new hospitals program (NHP) engagement activity. However, there are more mechanisms of outreach to enhance involvement. S O'Brien added Lancaster University Health Hub were also supporting the engagement with women's health. A Christopher added that once the Trusts are embedded in this it will prove invaluable for insights.</p> <p><b>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</b></p> <ul style="list-style-type: none"> <li>• Note the contents and summary of insights contained in the report.</li> <li>• Recognise and endorse the engagement activity undertaken across the ICB and the learning being embedded.</li> <li>• Note the forward view of upcoming engagement, involvement and co-production activities for the next period.</li> </ul> <p><b>b) Public and Community Insights Report: Sept 2024 to Nov 2024</b></p> <p>This report provides members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) a summary of insights which have been captured through proactive public and community engagement activities between September and November 2024.</p> <p>In this insight report, we share the summary findings from:</p> <ul style="list-style-type: none"> <li>• Your Health. Your Future. Your Say.</li> <li>• Shaping Care Together – pre-consultation engagement</li> <li>• Lancashire and South Cumbria NHS public perceptions survey</li> <li>• Integrated Urgent Care</li> <li>• Community equipment services</li> <li>• Relocation of PWE Accrington Victoria GP Practice</li> <li>• Relocation of Dr Bello's Surgery and King Street Medical Centre</li> <li>• Pharmacy First</li> </ul> <p>The report also includes results from two national surveys: Under 16 Cancer Patient Experience Survey (2023) CQC Urgent and Emergency Care Survey (2024)</p>	
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	<p>N Zaman noted that the engagement work is rich and insightful but what are we doing with this.</p> <p>D Corcoran added the consistent ‘so what?’ needs to be looked at via the business planner. Developing pathways would be a result of this development and would link to engagement. N Greaves stated the example of the work with GPs looking at access would prove invaluable to support the ‘so what?’ element.</p> <p><b>ACTION:</b> Business planner [for PIEAC] needs to capture and reflect the ‘So what?’ element – S Mattocks.</p> <p><b>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</b></p> <ul style="list-style-type: none"> <li>• Note the contents and summary of insights contained in the report.</li> <li>• Accept the insights presented in the report and recommend any significant findings which require further exploration or analysis.</li> <li>• Endorse the sharing of this report with the ICB Quality committee for consideration of how the findings are relevant to the quality of services provided by, or commissioned by, the ICB.</li> </ul> <p><b>c) Complaints report</b></p> <p>D Brewin introduced the report commenting that this sets out Patient Experience and Complaints activity for the period August 2024 – November 2024.</p> <p>D Corcoran thanks D Brewin for the report and added that where there is an outlier this needs to be included in the report and advised for the Escalation report that an advise and alert is sent to the ICB Board. Thanking D Brewin for the update in relation to GP practices.</p> <p>S Mattocks highlighted the ICB focus on complaints and the role this plays in relation to the assurance provided for the all age continuing care. This provides a rounded picture noting the triangulation between Quality Committee and Audit committee.</p> <p><b>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</b></p> <ul style="list-style-type: none"> <li>• Note the activity, volumes and learning reported for the period August 2024 to November 2024.</li> <li>• Note the development of a Patient Experience Index for General Practice.</li> </ul> <p><b>d) Update from the Citizen’s Health Reference Group held on 5 December.</b></p> <p>The report provides members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) with an update on the recent activities of the Citizens Health Reference Group.</p> <p>D Corcoran thanks H Ballard and A Christoper for their insights and input to the report. L Barker thanked the reference group adding that this group has provided valuable assistance in the consultation for the New Hospitals Programme.</p> <p><b>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</b></p> <ul style="list-style-type: none"> <li>• Note the contents of the report.</li> <li>• Recognise and endorse the activity undertaken by the Citizens Health Reference Group.</li> </ul>	<p><b>SM/LC</b></p>
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	<p><b>e) Report from ICB consultation working group:</b>  i) New Hospitals Programme  ii) Shaping Care Together</p> <p>This short summary note provides an update from the Consultation Working Group with relevant updates for the ICB Public Involvement and Engagement Advisory Committee and was supported by a verbal update.</p> <p>N Greaves updated that the Consultation Working Group has been established by the ICB to support areas of reconfiguration and service change which may lead to pre-consultation or formal consultation processes. A line of reporting was agreed in the Terms of Reference to provide assurance on any related engagement and involvement processes.</p> <p>The Consultation Working Group met on 9 December 2024 and received detailed programme updates for Shaping Care Together and New Hospital Programme. This included:</p> <ul style="list-style-type: none"> <li>• Updates from each programme and opportunities for shared learning and areas of interdependency, such as engagement with scrutiny committees and resourcing consultation activity</li> <li>• A summary and detailed report of the communications, engagement and involvement outcomes from the pre-consultation and engagement programme for Shaping Care Together delivered between September and November and involvement in the next phase. These are available here:  Report on Shaping Care Together engagement and involvement:  <a href="https://www.healthierlsc.co.uk/application/files/4817/3382/9194/SCT_CE_progress_report_29OCT24.pdf">https://www.healthierlsc.co.uk/application/files/4817/3382/9194/SCT_CE_progress_report_29OCT24.pdf</a>  Shaping Care Together communications and engagement update:  <a href="https://www.healthierlsc.co.uk/application/files/7117/3382/9194/20241129_Shaping_Care_Together_update_-_CWG_9_December_2024.pdf">https://www.healthierlsc.co.uk/application/files/7117/3382/9194/20241129_Shaping_Care_Together_update_-_CWG_9_December_2024.pdf</a></li> <li>• A detailed plan for pre-consultation engagement for New Hospitals Programme to be delivered between January and March 2025. A report is available here:  New Hospitals Programme pre-consultation engagement update:  <a href="https://www.healthierlsc.co.uk/application/files/3117/3383/4540/20241209_Consultation_Working_Group_appendix_for_PIEAC.pdf">https://www.healthierlsc.co.uk/application/files/3117/3383/4540/20241209_Consultation_Working_Group_appendix_for_PIEAC.pdf</a></li> </ul> <p>N Greaves added that the Consultation Working Group had endorsed the pre-consultation engagement activity undertaken as part of the Shaping Care Together programme has been robust and supported the levels and approaches for engagement which were used. This is being shared with the PIEAC for assurance on the approaches taking place.</p> <p>The Consultation Working Group endorsed a detailed plan for pre-consultation engagement for the New Hospitals Programme as being robust and supported the approaches to engagement and involvement which are due to be implemented.</p> <p><u>New Hospitals Programme</u></p> <p>D Corcoran thanked A Bennett and opened the floor for questions and comments.</p> <p>A Bennett reiterated the need for greater visibility at the ICB Board for this programme especially into how urgent care will evolve in the next 5 years. The challenge being to the levels of commitment, ICB Board support and levels of assurance. N Greaves added the importance of next steps for the programme and noted the plan being taken forward will be finalised over the next 2 months.</p>	
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	<p>D Corcoran enquired after the governance aspect of the ICB statutory obligation in relation to the consultation and the necessity for the ICB Board to be fully sighted on this. As this is subject to a judicial review the ICB needs to be ready for this element.</p> <p>L Barker stated a strategic approach was being taken and informs the design of the programme taking into account a risk based approach to communications and engagement. D Corcoran replied a framework is needed, how we give assurance, how we monitor, assurance for hard to reach GP practices in line with the statutory guidance.</p> <p>N Greaves reassured the meeting that the framework for pre and post consultation was approved at the previous committee and has been used to influence the planning of the two pieces of work above. N Greaves asked the committee to consider what level of detail the committee would like to receive noting that the final pre consultation around engagement will be conducted in January and February 2025.</p> <p>H Ballard noted broader engagement with the public had been put in place by the ICB to reach out to the wider public.</p> <p>N Zaman declared a conflict of interest here in relation to the VCFSE funding received by Inclusive North from the ICB to conduct engagement with the public.</p> <p>N Greaves added a small number of VCFSE members had been involved in developing a scope for an engagement project which was shared for proposals with the Lancashire and South Cumbria VCFSE Assembly and that the procurement process had been open and transparent.</p> <p>D Corcoran felt assured by the report and asked those present to think about future reporting and for a summary to return to committee in March 2025.</p> <p><u>Shaping Care Together</u></p> <p>S O'Brien opened the comments noting that Cheshire and Merseyside (CM) have been taking a lead on the Shaping Care Together programme. This will be picked up soon in relation Ormskirk and West Lancashire. Lancashire County Council have a scrutiny committee and will look at all options that need to be taken to ensure more service provision. Provision for Sefton will come under this remit. The One LSC and ICB Board have agreed to delegate the final option and this will be a joint decision.</p> <p>D Corcoran noted this was a helpful summary and report. N Greaves noted a similar summary report will return to committee following a formal consultation and engagement phase later in 2025.</p> <p><b>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</b></p> <ul style="list-style-type: none"> <li>• Note the public engagement report</li> <li>• Endorse the recommendations for appropriate levels and approaches to engagement to support service change programmes</li> </ul> <p><b>f) Healthwatch Report</b></p> <p>L Graham introduced the report for Healthwatch Together noting this is the collaboration of five local Healthwatch working across Lancashire and South Cumbria ICS:</p> <p>Healthwatch Blackburn with Darwen  Healthwatch Blackpool  Healthwatch Cumberland  Healthwatch Lancashire</p>	
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	<p>Healthwatch Westmorland and Furness</p> <p>Our primary purpose is to listen to the views and experiences of local people who use health and social care services and work with the system to support the involvement of people, improvements in service delivery and promote and enable coproduction.</p> <p>This report provides a brief over view of our engagement work from July to September 2024. The report also includes key themes and issues from each local area, information and signposting provided, as well as reports we have published.</p> <p>This quarter reports we have published include Enter and View* report and project reports.</p> <p>*An Enter and View is a statutory power afforded to local Healthwatch by the Health and Social Care Act 2012. Approved Healthwatch representatives have the power to enter any health and social care service funded through public monies to view the care and treatment being provided and speak with the people receiving that care and treatment to gather their experiences and views.</p> <p>Healthwatch and LSCICB have launched the partnership agreement on social media this week which sets out collaborative and partnership working.</p> <p>D Corcoran thanked L Graham for the report and asked how will the Working Together be shared more widely opening the floor for questions and comments.</p> <p>N Greaves stated that the insights from this collaboration will be shared with different teams with specific focus on coproduction which will include alignments.</p> <p><b>RESOLVED: That the Public Involvement and Engagement Advisory Committee:</b> Recommend this report is read and shared across LSCICB networks.</p>	
37 24/25	<p><b>Committee Escalation and Assurance Report to the Board (AAA Report) – Chair</b></p> <p>D Corcoran and N Greaves will work together to produce the Escalation report.</p> <p><b>RESOLVED: That the Public Involvement and Engagement Advisory Committee:</b> Will provide the AAA Escalation for the next ICB Board meeting on 15 January 2025.</p>	
38 24/25	<p><b>Items referred to other committees – Chair.</b></p> <p>Nil.</p>	
39 24/25	<p><b>Any Other Business</b></p> <p>No items raised under AOB.</p>	
40 24/25	<p><b>Items for the Risk Register</b></p> <p>Nil.</p>	
41 24/25	<p><b>Reflections from the meeting</b></p> <p>General comments were that the committee was working well and cross committee working was good.</p>	
42 24/25	<p><b>Date, Time and Venue of Next Meeting</b></p> <p>Wednesday 26 March 2024 (10 am – 12.30 pm, Lune Room 1, ICB offices, County Hall, Preston, PR1 8XJ)</p>	